

# **Exhibit G**

# Progress Notes

Printed On Jun 14, 2013

Least pain:1-2/10

Typical pain:3-6/10 highly variable with activity and weather.

## SUBSTANCE USE

Reports no alcohol or drug use.

## SOCIAL/VOCATIONAL

Sees kids regularly. Thinking about spending Thanksgiving with wife and kids. She is now working at Dicks Sporting goods as a bookkeeper. They get along well as long as not living together.

## ACTIVITIES

Walks dogs regularly 4-5 miles a day. Working on cars.

## CURRENT MEDICATIONS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) CYANOCOBALAMIN 1000MCG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY (FOR VITAMIN B12 DEFICIENCY)	ACTIVE
2) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY (FOR FLUID/BLOOD PRESSURE)	ACTIVE
3) LEVETIRACETAM 500MG TAB TAKE TWO TABLETS TWICE A DAY	ACTIVE
4) METHYLPREDNISOLONE 4MG TAB DOSEPAK, 21 TAKE DOSEPAK BY MOUTH AS DIRECTED (FOLLOW DOSEPAK DOSAGE DIRECTIONS)	ACTIVE
5) MORPHINE SULFATE 15MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS FOR PAIN NEXT FILL DUE 11/23 CALL FOR RENEWAL ONE WEEK BEFORE DUE	ACTIVE
6) MORPHINE SULFATE 30MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS FOR PAIN NEXT FILL DUE 11/23 CALL FOR RENEWAL ONE WEEK BEFORE DUE	ACTIVE
7) MORPHINE SULFATE IMMEDIATE RELEASE 30MG TAKE 1 TABLET BY MOUTH THREE TIMES A DAY CALL FOR RENEWAL ONE WEEK BEFORE DUE NEXT FILL DUE 11/23	ACTIVE
8) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY (TAKE WITH FOOD OR MILK)	ACTIVE
9) ROSUVASTATIN CA 10MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY WITH THE EVENING MEAL (FOR REDUCING CHOLESTEROL)***CRESTOR***	ACTIVE
10) tIZANIDINE HCL 4MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING LOOK ALIKE/SOUND ALIKE DRUG	ACTIVE

## CURRENT MEDICATIONS FOR PAIN

levetiracetam 1000mg BID

Naprosyn 500mg BID

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FARLEY, MICHAEL EDWARD  
 HILLCREST COMMONS  
 169 VALENTINE RD  
 PITTSFIELD, MASSACHUSETTS 01201

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- MOUTH AS DIRECTED (FOLLOW DOSEPAK DOSAGE DIRECTIONS)
- 5) MORPHINE SULFATE 15MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS FOR PAIN NEXT FILL DUE 11/23 CALL FOR RENEWAL ONE WEEK BEFORE DUE ACTIVE
  - 6) MORPHINE SULFATE 30MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS FOR PAIN NEXT FILL DUE 11/23 CALL FOR RENEWAL ONE WEEK BEFORE DUE ACTIVE
  - 7) MORPHINE SULFATE IMMEDIATE RELEASE 30MG TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN NEXT FILL DUE 11/23 CALL FOR RENEWAL ONE WEEK BEFORE DUE ACTIVE
  - 8) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY (TAKE WITH FOOD OR MILK) ACTIVE
  - 9) ROSUVASTATIN CA 10MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY WITH THE EVENING MEAL (FOR REDUCING CHOLESTEROL)\*\*\*CRESTOR\*\*\* ACTIVE
  - 10) tIZANIDINE HCL 4MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY EVENING LOOK ALIKE/SOUND ALIKE DRUG ACTIVE

CURRENT MEDICATIONS FOR PAIN  
 MSContin 45 mg TID and morphine 30mg BID.  
 naprosyn 500mg BID  
 Tizanidine 4mg BID and 8mg hs  
 Levetiracetam 1000mg BID.

## CURRENT OTHER PAIN TREATMENTS

Has both microwave and electrical heating pad that he uses for increases pain.  
 Has been sleeping on the floor because he rolls less on the arm.

## SOCIAL VOCATIONAL ACTIVITY

Remains SSD and VAMC and other supports. States has significant income a month and has managed to save money and feels good that he can help his kids. Son was just laid off from Brinks.  
 Walking five miles a day with his dog. Avoids using a leash because of his arm.  
 Uses a walking stick and cane in the right hand for his knees so would have to use lease on the left that he can't tolerate.

SEes children regularly. Enjoys spending time with an older Korean War Vet (in mid 70s), help each other out as needed.

## OBJECTIVE

General: Thin and fit appearing.

Psych: Direct with good eye contact. Oriented x 3, no sedation or intoxication apparent. Affect responsive, quite animated.

Eyes: PERLA, EOMS, sclera non-injected

Integument: Skin warm and dry without lesions or rashes visible in exposed areas

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/es/ PATRICIA CALLAHAN, RPH  
CLINICAL PHARMACY COORDINATOR  
Signed: 09/02/2009 16:27

Receipt Acknowledged By:  
09/03/2009 08:14 /es/ ARMANDO DELRIO MD  
PRIMARY CARE PHYSICIAN

LOCAL TITLE: NO SHOW/CANCELLED  
STANDARD TITLE: NO SHOW NOTE  
DATE OF NOTE: SEP 01, 2009@15:39 ENTRY DATE: SEP 01, 2009@15:39:29  
AUTHOR: HAMER, ROY HT EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Primary Care Del Rio/ no show for appt. @1300.

/es/ ROY HAMER HT  
Primary Care  
Signed: 09/01/2009 15:39

LOCAL TITLE: PRIMARY CARE (T)  
STANDARD TITLE: PRIMARY CARE NOTE  
DATE OF NOTE: SEP 01, 2009@13:23 ENTRY DATE: SEP 01, 2009@13:23:22  
AUTHOR: DELRIO, ARMANDO EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

\*\*\* PRIMARY CARE (T) Has ADDENDA \*\*\*

The patient is a 55 year old, MALE.

Chief Complaint: is seeing cardiology dr klenosky he is going to be having echo for cardiac changes will keep me informed of same patient has no present chest pain no SOB walks two miles a day and swims regularly

2) doesn't appear to have had colonoscopy refer for same it appears he was supposed to have one in June of 09 but I see no follow up and patient denies having recent colonoscopy so will refer for same

Colorectal Cancer Screening:

Patient is scheduled for a colonoscopy.

V1-Depression Screen:

Record PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things  
Not at all

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for 1-2 years. Neuropathic and mechanical pain left forearm post remote complex fracture with neural injury. Elements of non-progressive CPRS present.

Some auto-titration meds in past reportedly in response to pain, bears close watching. No shared history of substance issues.

INTERVAL HISTORY: TREATMENTS, ISSUES AND EVALUATIONS SINCE LAST VISIT  
State new generic morphien working better.

## CURRENT PAIN

Worst pain at this time is in the knees. Equal on both sides. States past xrays here show bilateral arthritis. I find none in the system. He has been seen in

## MOOD

No anxiety or depression issues. Feels upbeat.

## SLEEP

Generally well. Occasionally wakes due to arm pain, not regularly.

## SUBSTANCE USE

Denies use of alcohol or street drugs. Reducing tobacco use, aims to quit.

## SOCIAL/VOCATIONAL/ACTIVITIES

Continues physically very active, walking dog miles a day. Knees are raeally beginning to limit him he says.

## CURRENT MEDICATIONS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ASPIRIN 81MG ENTERIC TAB TAKE ONE TABLET BY MOUTH EVERY DAY	ACTIVE
2) ATENOLOL 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY (FOR HEART)	ACTIVE
3) CYANOCOBALAMIN 1000MCG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY (FOR VITAMIN B12 DEFICIENCY)	ACTIVE
4) IBUPROFEN 800MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY (TAKE WITH FOOD OR MILK)	ACTIVE
5) LEVETIRACETAM 500MG TAB TAKE TWO TABLETS TWICE A DAY	ACTIVE
6) MORPHINE SULFATE 15MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS TOTAL DOSE 45MG FOR PAIN NEXT FILL DUE 1-26 CALL FOR RENEWAL ONE WEEK BEFORE DUE	ACTIVE
7) MORPHINE SULFATE 30MG SR TABS TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS FOR PAIN NEXT FILL DUE 1-26 CALL FOR RENEWAL ONE WEEK BEFORE DUE	ACTIVE
8) MORPHINE SULFATE IMMEDIATE RELEASE 15MG TAKE 1 TABLET	ACTIVE

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AUTHOR: SAVAGE, SEDDON R  
URGENCY:

EXP COSIGNER:  
STATUS: COMPLETED

## PURPOSE OF VISIT

Scheduled follow-up. Follow-up requested by patient, clinician for.

## CHIEF COMPLAINT

"This medication doesn't work as well as the old medication...they changed companies..."

## HISTORY OF PRESENT ILLNESS

PAIN SUMMARY (from prior evaluations)

## CURRENT PAIN

Has pain in back, knees bilaterally and left arm. Left arm is the worst pain. Perhaps a very little better with recent titration of MSCR to 60mg q8 however patient feels the new generic form does not work as well as the old form. States gets better relief from 30 and 15 mg tablets (stamped M) than 60mg tablets (white football shaped).

## MOOD

Good. No depression or anxiety.

## SLEEP

Okay most of the time. Sometimes interrupted by pain, not usual at this time.

## SUBSTANCE USE

No alcohol at all. No marijuana or other drugs.  
Smokes half a pack of cigarettes a day, only with coffee drinks 4-5 cups.

## SOCIAL/VOCATIONAL

Live by self. Sees kids regularly. Son 25 - just out of army (Korean) working for Brinks, son 19 works at Circuit City in Keene and daughter 18 graduated last year, not sure what she wants to do. (patient trying to get her into mechanics, says its all computer so she could troubleshoot etc). Now thinking about tatoo art.

## ACTIVITIES

Still walks five miles a day. On SSD. Works on his own cars. Friendly with folks in town including cops.

## INTERVAL HISTORY: TREATMENTS, ISSUES AND EVALUATIONS SINCE LAST VISIT

## ROS

Weight stable, appetite stable, no sweats or chills,  
eyes: No recent change in vision, no eye irritation or infection.  
ENT: No recent change in hearing, no ringing in the ears, no new sinus congestion.

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neuro: No new dizziness, lightheadedness or balance problems  
 psych: Mood stable. No anxiety or depressed feelings.  
 skin: No new lesions or rashes.  
 cardiovascular: HTN well controlled NO recent chest pain or palpitations.  
 pulmonary: NO dyspnea, wheezing or infections  
 GI: No constipation noted with relatively high dose opioids. No diarrhea.  
 GU: No change in voiding. No new hesitancy, frequency or urgency.  
 endocrine: NO diabetes or thyroid problems  
 hemotologic: No abnormal bleeding or bruising noted.  
 musculoskeletal: As above.

## FOLLOW-UP PAST RECOMMENDATIONS

At the last visit the following suggestions # were made (with responses >>> noted below each recommendation):

Try afternoon dose of tizandine 4mg to optimize analgesia.  
 >>>Continues to take 1 am and 2 hs. Helps

Increase dose of MSCR to 60mg BID and reduce IR MS to BID 15mg or qd 30mg prn incident pain.

>>>No chagne, believes new generic not as effective. From orange pill with M to white football, just doesn't last as long.

Continue levetiracetam 1000mg BID which patient has found helpful, renews regularly.

>>>Still helpful

Pace activities.

>>>Tries

Maintain aerobic activity for circulatory benefits.

>>five miles per day walking.

Tx HTN per PCP.

>>>Improved.

If neck or knee pain become problematic would introduce RTC NSAID.

>>>Uses prn.

## CURRENT MEDICATIONS

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